

## Application Data Sheet

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	JASMONATE DERIVATIVE COMPOUNDS, PHARMACEUTICALS COMPOUNDS AND METHODS OF USE THEREOF FLESCHER1
Attorney Docket Number::	
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	8
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
<b>Applicant Information</b>	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel

Status:: Full Capacity  
Given Name:: Eliezer  
Middle Name::  
Family Name:: FLESCHER  
Name Suffix::  
City of Residence:: Hod Hasharon  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: 6 Hageula St.  
City of Mailing Address:: Hod Hasharon  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 45272  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Yoel  
Middle Name::  
Family Name:: KASHMAN  
Name Suffix::  
City of Residence:: Tel Aviv  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: 46 Binyamin Metudela Street  
City of Mailing Address:: Tel Aviv  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 69548  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Dorit  
Middle Name::

Family Name:: REISCHER  
Name Suffix::  
City of Residence:: Ra-anana  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: 17 Ben Gurion Street  
City of Mailing Address:: Ra-anana  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 43360  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Shiri  
Middle Name::  
Family Name:: SHIMONY  
Name Suffix::  
City of Residence:: Tel Aviv  
State or Province of Residence::  
Country of Residence:: Israel  
Street of Mailing Address:: 30 Beit Zuri Street  
City of Mailing Address:: Tel Aviv  
State or Province of Mailing Address::  
Country of Mailing Address:: Israel  
Postal or Zip Code of Mailing Address:: 69122  
**Correspondence Information**  
Correspondence Customer Number:: 001444  
**Representative Information**  
Representative Customer Number:: 001444  
**Domestic Priority Information**  
Application:: Continuity Type:: Parent Parent Filing  
Application:: Date::  
This Application National Stage of PCT/IL04/001098 12-01-04

PCT/IL04/001098 Appln claiming benefit of 35 USC 119(e) 60/526,081

12-02-03

**Foreign Priority Information**

Country:: Application Number:: Filing Date:: Priority Claimed::

**Assignment Information**

Assignee Name::	RAMOT AT TEL-AVIV UNIVERSITY LTD.
Street of Mailing Address::	P.O. Box 39296, 32 Haim Levanon St.
City of Mailing Address::	Tel Aviv
State or Province of Mailing Address::	
Country of Mailing Address::	Israel
Postal or Zip Code of Mailing Address::	61392